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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	B0052-US01
	First Named Inventor	HÖGBERG, Niclas et al.
	COMPLETE IF KNOWN	
	Application Number	/ To be assigned
	Filing Date	Herewith
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus for Processing Blood and Blood Components

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **11/30/2001** as United States Application Number or PCT International Application Number **To be assigned** and was amended on (MM/DD/YYYY) **11/30/2001** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?	
				YES	NO
PCT/SE00/01077	Int'l PCT Appl.	26 May 2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9903841-6	Swedish Patent Appl	26 October 1999	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

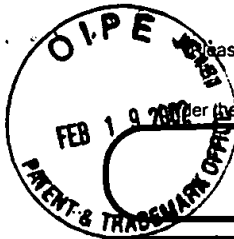
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Direct all correspondence to:

Customer Number
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Correspondence address below

Name **Gambro, Inc.****24994**

PATENT TRADEMARK OFFICE

Address **10810 W. Collins Ave.**

Address

City **Lakewood**State **CO**ZIP **80215-4439**Country **USA**Telephone **303-205-2560**Fax **303-231-4198**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) **Niclas**Family Name
or Surname**HÖGBERG**Inventor's
SignatureDate **2001-12-07**Residence: City **Karlskoga**

State

Country **Sweden**Citizenship **Sweden**Mailing Address **Kyrkotorp 18 B**

Mailing Address

City **Karlskoga**

State

ZIP **S-691 32**Country **Sweden****NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) **Emanuel**Family Name
or Surname**HÄLLGREN**Inventor's
SignatureDate **2002-01-15**Residence: City **Karlskoga**

State

Country **Sweden**Citizenship **Sweden**Mailing Address **Murarvägen 2**

Mailing Address

City **Karlskoga**

State

ZIP **S-691 43**Country **Sweden**☒ Additional inventors are being named on 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Peter		PIHLSTEDT	
Inventor's Signature			Date <u>20011207</u>
Residence: City	Stockholm	State	Country Sweden
Citizenship Sweden			
Mailing Address Frejgatan 10			
Mailing Address			
City	Stockholm	State	ZIP S-113 49
Country Sweden			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Citizenship			
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